

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 177 V
Registered No. 252

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Richard Ralph Ferguson
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 11-22-26
Month Day Year

8. FATHER
Full name Thomas Andrew Ferguson

9. Residence (Usual place of abode) Globe
If non-resident, give place and state. Arizona

10. Color or race Mex 11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Tucson
(State or country) Ariz

13. Occupation
Nature of Industry Painter

14. MOTHER
Full maiden name Lon Bracamonte

15. Residence (Usual place of abode) Globe
If non-resident, give place and state. Ariz

16. Color or race Mex 17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Phoenix
(State or country) Ariz

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 7
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:00 A.M. on the date above stated
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams
Physician (Physician or midwife)

Given name added from a supplemental report _____ Address Globe, Ariz
Month, day, year

Filed 11-30-26 N. St. Hox
Registrar

965-1122-325

...PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.